

FIG. 1

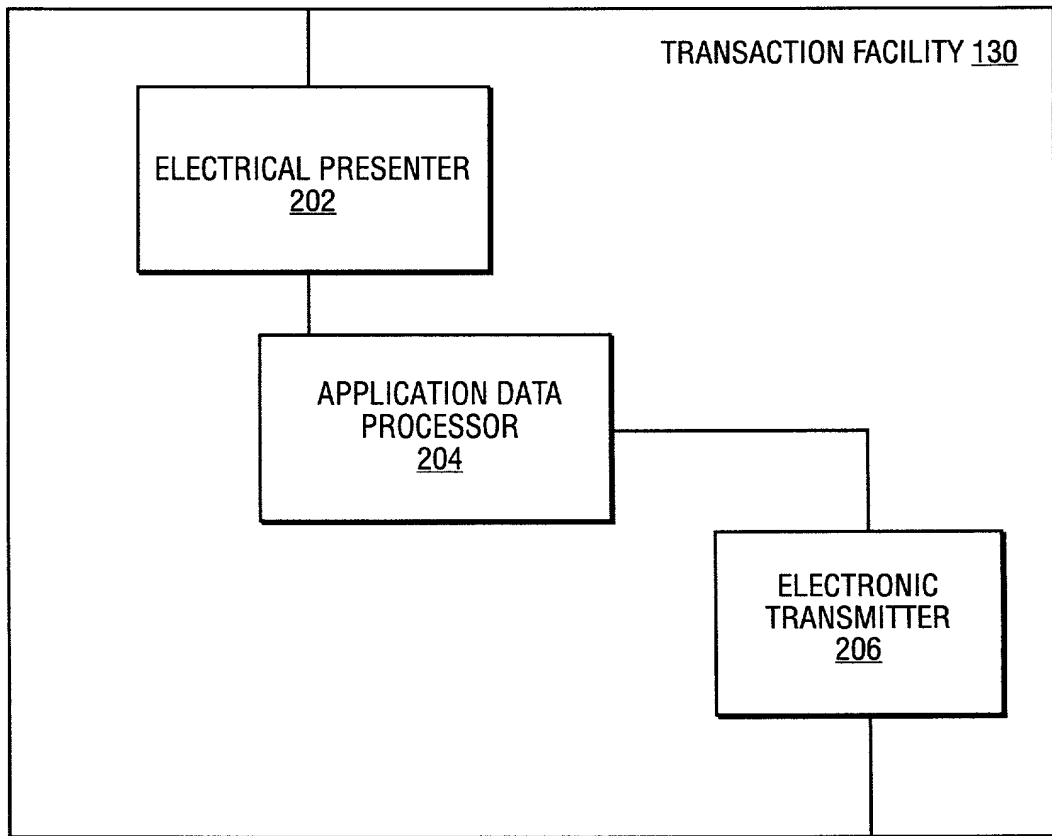


FIG. 2

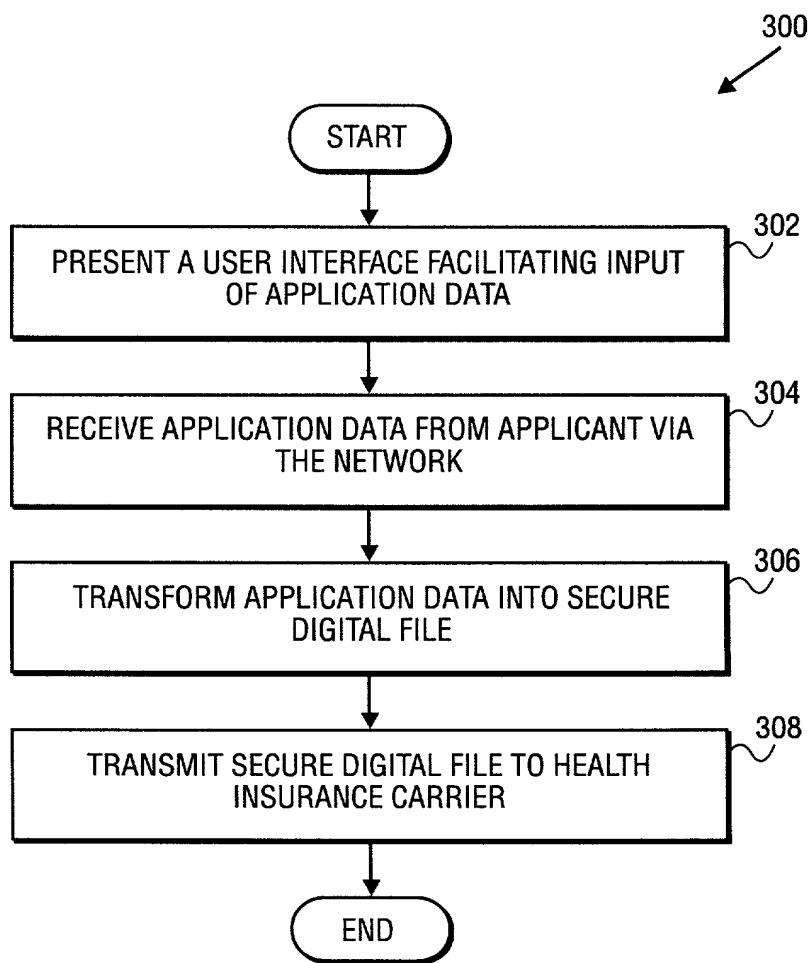


FIG. 3

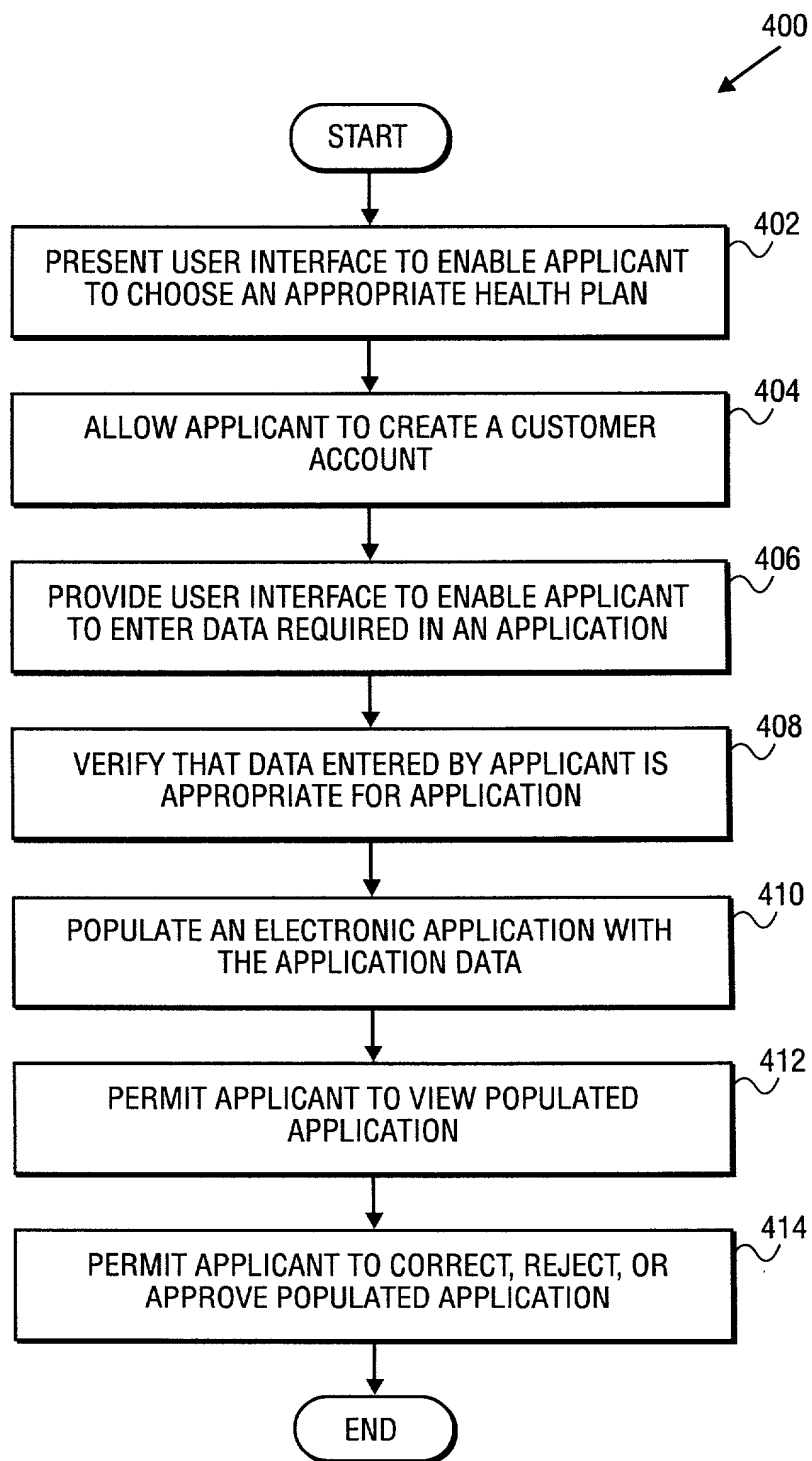


FIG. 4

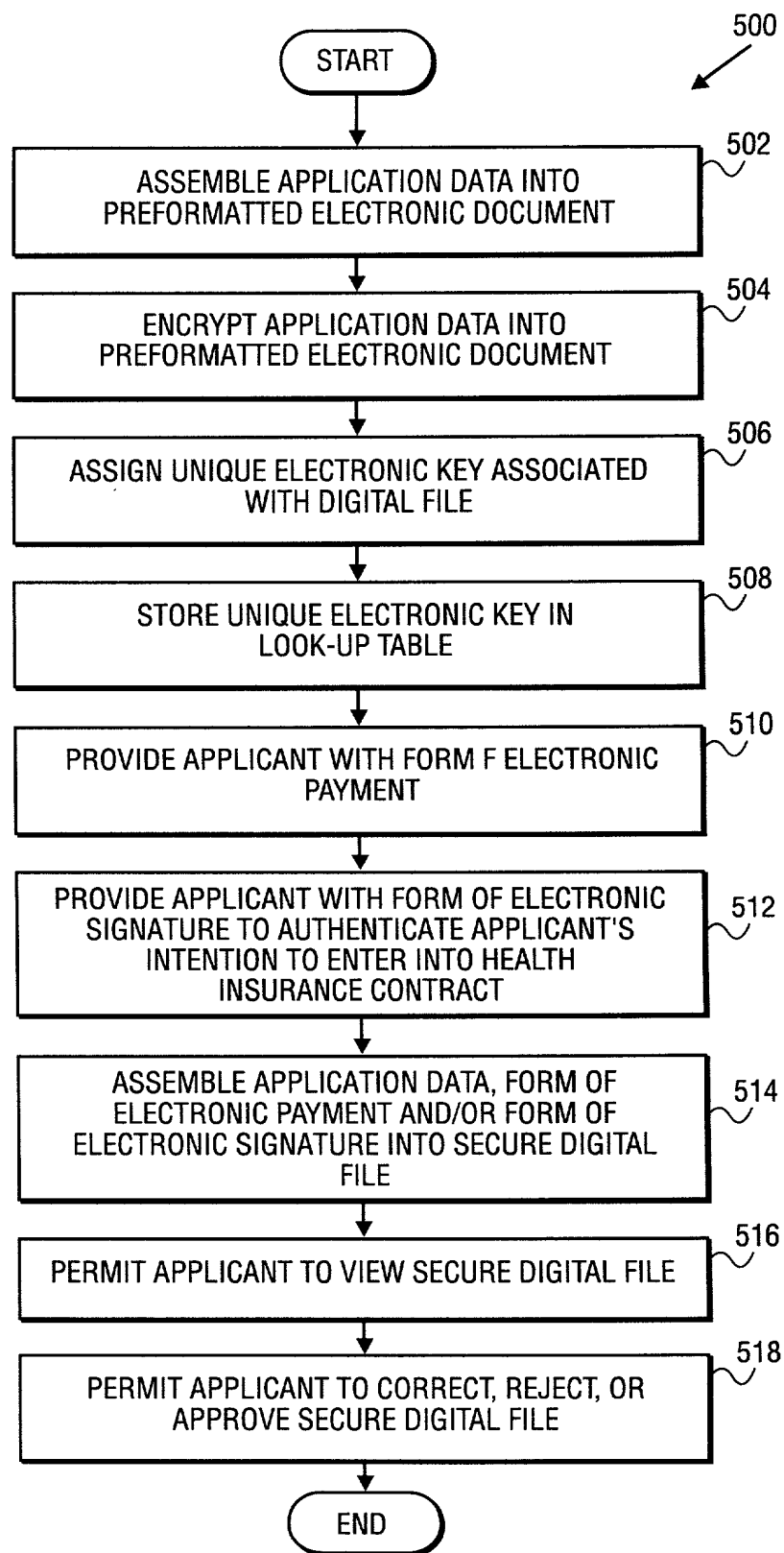


FIG. 5

BY CHECKING THE BOXES AND ENTERING MY NAME BELOW I AM INDICATING MY INTENT TO ELECTRONICALLY SIGN THIS APPLICATION AND WARRANT THAT ALL OF THE INFORMATION I HAVE PROVIDED IS TRUE, COMPLETE, AND ACCURATE.

JESSE JOHNSON ELECTRONIC SIGNATURE

ACKNOWLEDGMENT

- ☐ I AGREE TO PROVIDE AN ORIGINAL (NON-ELECTRONIC) SIGNATURE IF NECESSARY TO AUTHORIZE THE RELEASE OF MEDICAL INFORMATION SHOULD IT BE REQUIRED IN THE FUTURE
- ☐ I UNDERSTAND THAT BY APPLYING FOR COVERAGE I AM AGREEING TO THE ITEMS UNDER AGREEMENT ABOVE.
- ☐ I UNDERSTAND I AM AUTHORIZING BLUE CROSS OF CALIFORNIA TO DEBIT MY CREDIT CARD FOR THE INITIAL MONTHLY PREMIUM.
- ☐ I UNDERSTAND I AM AUTHORIZING BLUE CROSS OF CALIFORNIA TO DEBIT MY CHECKING ACCOUNT FOR ONGOING MONTHLY PREMIUMS AS EXPLAINED UNDER MONTHLY CHECKING ACCOUNT DEDUCTION AUTHORIZATION ABOVE.

PLEASE TYPE YOUR NAME IN THE SPACES BELOW TO ELECTRONICALLY SIGN YOUR APPLICATION:

LAST NAME FIRST NAME MI

(PARENT OR GUARDIAN IF UNDER 18 YEARS OF AGE)

PLEASE RETYPE YOUR NAME IN THE SPACES BELOW TO ELECTRONICALLY SIGN YOUR APPLICATION:

LAST NAME FIRST NAME MI

PLEASE TYPE YOUR CITY AND STATE BELOW:

CITY STATE ON:
 APRIL 20, 2001

FIG. 6

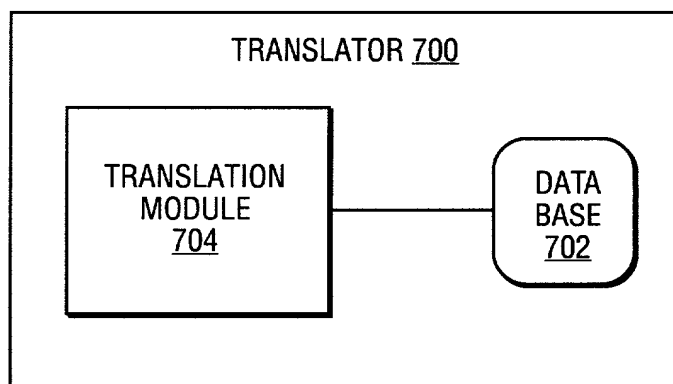


FIG. 7

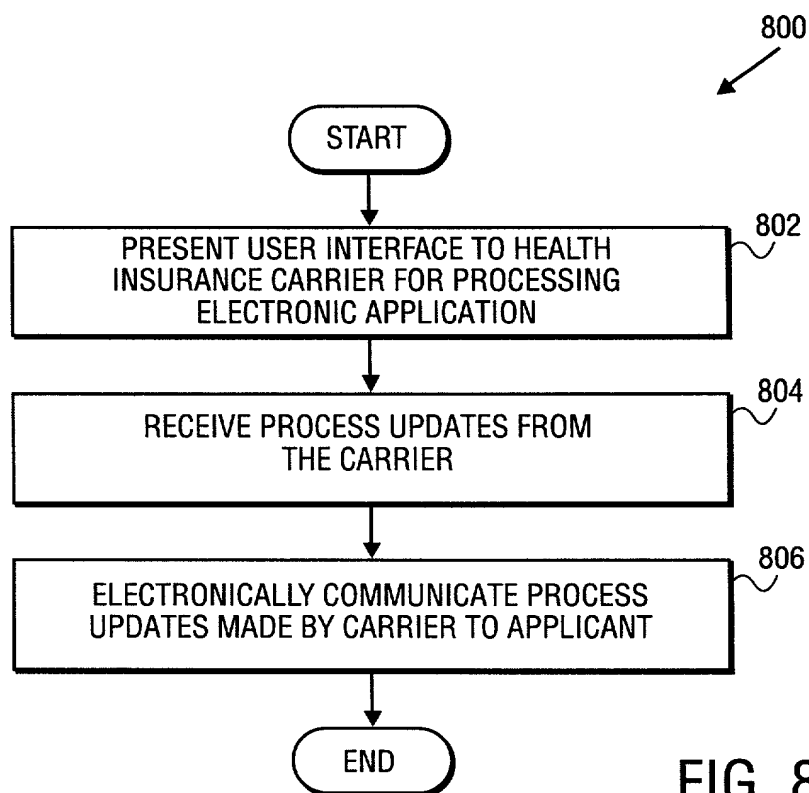


FIG. 8

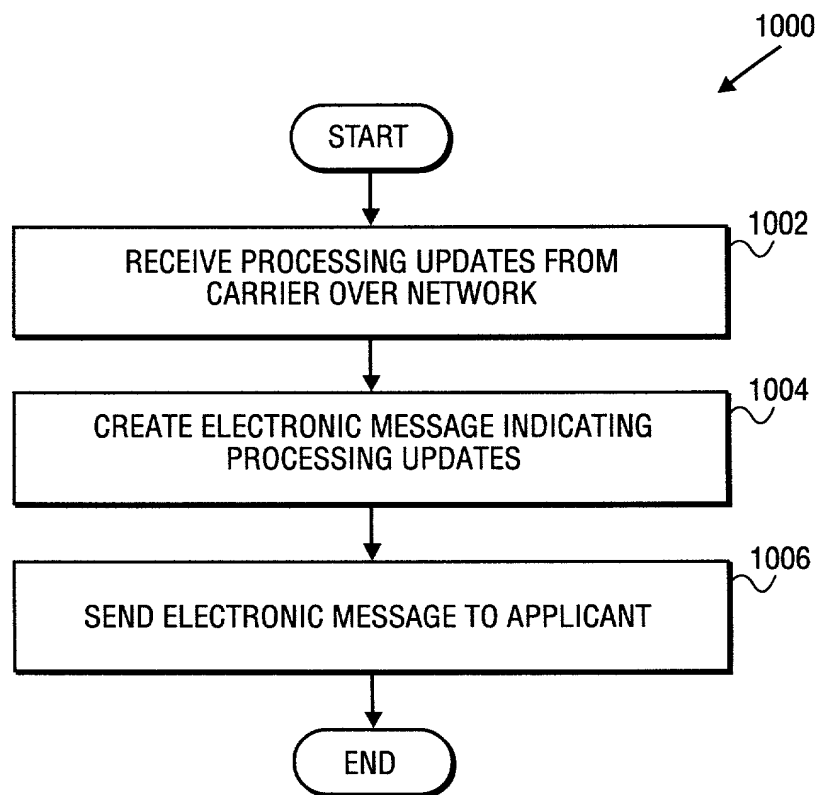


FIG. 10

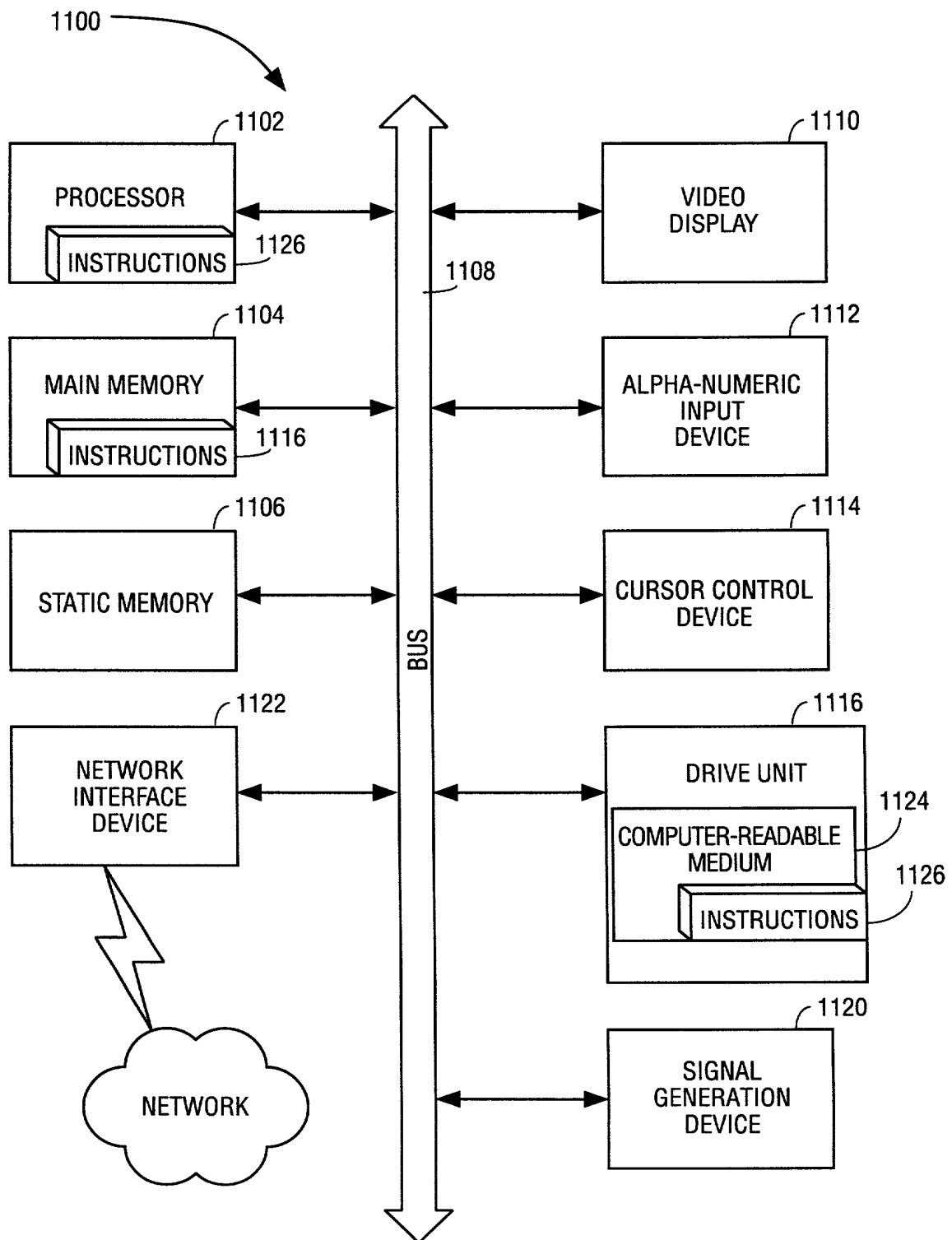


FIG. 11